

26629
\$
✓

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 023696
Attorney Docket No.: 020128
In Re Application of: Jain, et al.
Serial Number: 10/077,095
Filed: 02/12/2002
Examiner: Thai D. Hoang
Group Art Unit: 2662

RECEIVED

AUG 19 2003

Technology Center 2600

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid | |
|---|--------------------------------------|--|------------------|--|----------|-------|
| Total* | 19 | 27 | 0 | x \$18 = | \$0 | |
| Independent** | 5 | 6 | 0 | x \$84 = | \$0 | |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | \$280 | \$ | |
| EXTENSION FEES | | | | <input type="checkbox"/> One Month | \$110 | \$ |
| | | | | <input type="checkbox"/> Two Months | \$410 | \$ |
| | | | | <input checked="" type="checkbox"/> Three Months | \$930 | \$930 |
| TERMINAL DISCLAIMER | | | | \$110 | \$ | |
| | | | | TOTAL FEE | \$930 | |

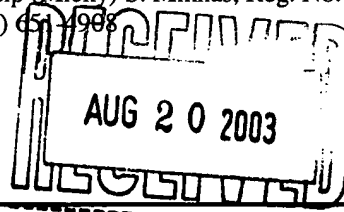
*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$930.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: August 11, 2003

Signature:

Sandip (Micky) S. Minhas, Reg. No. 44,945
(858) 651-1988QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Sandip (Micky) S. Minhas

(type or print name)

Signature:

Date: August 11, 2003

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____

(type or print name)

Signature: _____

5/A
9/16/03
DJ

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of

) For: HYBRID MOBILE SWITCHING CENTER
) FOR COMBINED GSM/IS-41
) COMMUNICATION
)

Serial No.: 10/077,095

Filed: February 14, 2002

) Group Art Unit: 2662

RECEIVED

AUG 19 2003

Technology Center 2600

AMENDMENTCommissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated February 11, 2003, the time for responding having been extended until August 11, 2003, by the attached request for extension of time, please amend the above-identified application as follows:

08/18/2003 SMINASS1 00000012 170026 10077095

01 FC:1253 930.00 DA

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner of Patents and Trademarks, Alexandria, VA 22313-1450, on:

August 11, 2003

(Date of Deposit)

Sandip Minhas

(Name of the Person Making Deposit)

Sandip Minhas

(Signature)